

Frederick County Parks & Recreation Division

2012 Insurance Requirements for Sports Field Use

Certificate of Insurance

CERTIFICATE OF LIABILITY INSURANCE				ISSUE DATE (MM/DD/YY)	
PRODUCER Insurance Company Name Street Address PO Box (if any) City, State, Zipcode.		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
INSURED NAME OF YOUR ORGANIZATION D/B/A (if any) Street Address City, State, Zipcode		INSURERS AFFORDING COVERAGE		NAIC #	
		INSURER A Insurance Company must carry A.M. Best Rating A-VI or better			
		INSURER B			
		INSURER C			
Coverages					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OF OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS ((in thousands)
A	General Liability <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur. <input type="checkbox"/> Owner's & contractors Prot. <input type="checkbox"/>				General Aggregate \$2,000,000 FIRE DAMAGE \$50,000 LEGAL LIABILITY (Ex Occurrence) Personal & Advert Injury \$1,000,000 Each Occurrence \$1,000,000 Medical Exp (One person) \$5,000 PRODUCTS - COM/OP AGG \$2,000,000
	Automobile Liability <input type="checkbox"/> Any auto <input type="checkbox"/> All owned autos <input type="checkbox"/> Scheduled autos <input type="checkbox"/> Hired autos <input type="checkbox"/> Non-owned autos <input type="checkbox"/> Garage Liability <input type="checkbox"/>				Combined Single Limit \$ Bodily Injury (per person) \$ Bodily Injury (per accident) \$ Property Damage \$
	Excess Liability <input type="checkbox"/> <input type="checkbox"/> Other than Umbrella form				Each Occu renc Aggregate
	Workers' Compensation And Employers' Liability				Statutory \$ Each Accident \$ Disease Policy Limit \$ Disease-Each Employee
	Participant Accident				AD&D \$ Primary Medical \$ Excess Medical \$ Weekly Indemnity \$
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT /SPECIAL PROVISIONS					
Board of County Commissioners of Frederick County, Maryland must be named as an additional insured on the General Liability Policy. A Waiver of Subrogation Endorsement must also be provided on the General Liability Policy, naming the Board of County Commissioners of Frederick County, Maryland. The actual Additional Insured and Waiver of Subrogation endorsements must be provided. Blanket Endorsements are acceptable, however if Blanket Endorsements are not used, the County must be named exactly as shown in the CERTIFICATE HOLDER block in this EXAMPLE.					
CERTIFICATE HOLDER		CANCELLATION			
Board of County Commissioners of Frederick County, Maryland 12 East Church Street Frederick, MD 21701		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. AUTHORIZED REPRESENTATIVE			

BEFORE sending to FCDPER; If "Insured" box indicates a league name for your insurance coverage, add the organization name as submitted on the Seasonal/Tournament Request to the "Insured" box.

2012 Sports Season

Insurance Requirements

- ✓ The Certificate of Insurance
- ✓ Endorsement page for the Additional Insured
- ✓ Endorsement page for the Waiver of Subrogation

**The wording on all insurance
paperwork**

MUST be exact

**Refer to the following two pages for the
exact wording required for these
THREE forms of proof of insurance**

Description of Operations Box

Board of County Commissioners of Frederick County, Maryland must be named as an additional insured on the General Liability Policy.

A Waiver of Subrogation Endorsement must also be provided on the General Liability Policy, naming the Board of County Commissioners of Frederick County, Maryland.

The actual Additional Insured and Waiver of Subrogation endorsements must be provided.

Blanket Endorsements are acceptable; however, if Blanket Endorsements are not used, the County must be named exactly as shown in the CERTIFICATE HOLDER block in the example provided in this packet.

Certificate Holder Box

**Board of County Commissioners of
Frederick County, Maryland
12 East Church Street
Frederick MD 21701**

**Insurance certificates containing
any added information in the
“Certificate Holder’s” box will be returned.**

- **You may NOT play on any FCPRD fields until all insurance requirements are met**
- **All insurance paperwork must be on file in the Parks Office at all times**
- **All insurance must be kept current at all times**
- **Renewed insurance submitted must be complete and sent by the expiration/renewal date**
- **Expired insurance will result in the cancellation of your sports field reservations**

FOR QUESTIONS ONLY

**If you would like additional information about
the insurance paperwork requirements,**

you may call or email the

Frederick County Risk Management Office

Mike Beard, Risk Manager

mbeard@FrederickCountyMD.gov

301-600-1357

All insurance paperwork

MUST be sent to the

PARKS OFFICE ONLY